

- [I AM Navy Medicine](#)
- RSS :
- [Posts](#)
- [Comments](#)

[Navy Medicine](#)

World Class Care... Anytime, Anywhere

- [Home](#)
- [About](#)
- [Disclaimer](#)
- [Navy Medicine News](#)
- [Navy Medicine WebSite](#)
- [I AM Navy Medicine](#)

Type and hit enter to Search

Written on March 23, 2016 at 11:30 pm by [Navy Medicine](#)

[Traumatic Brain Injury: The Fight to Recover](#)

Filed under [Corpsman](#), [Fleet and the Fleet Marine Force](#), [I AM Navy Medicine](#) {[no comments](#)}



Treating TBI is nearly as difficult as detecting it, mainly because some service members may not even know they have it.

By Hospital Corpsman 2nd Class Matthew Clutter, Navy Medicine Operational Training Center Public Affairs

It happens quickly. In the time it takes to read this sentence, it is over. The lights are off. Recovery begins.

During the wars in Iraq and Afghanistan, the world became privy to the letters I-E-D. They were common, these Improvised Explosive Devices, and typically debilitating, if not deadly. While the immediate and outward effects of these blasts were quite evident, long-term effects can linger for years, particularly with those who survived these blasts. I know, because I am one of the survivors.

March is Brain Injury Awareness Month and honors the millions of people with brain injuries both inside and outside of the military. There is a particular concern for service members as they have the chance to be more readily exposed to incidences that could result in a Traumatic Brain Injury, or TBI.

For me, it happened on a routine patrol. Travelling into an area we'd never been before in the Helmand Province of Afghanistan, an IED took out our truck and left the three Marines and I either concussed or unconscious altogether. It took five hours for the Explosive Ordnance Disposal team to clear the area and for us to be evacuated to a surgical unit for evaluation.

According to the PBS documentary "Where Soldiers Come From," Traumatic Brain Injury is the "new signature wound" of Iraq and Afghanistan. Long-term effects include headaches, dizziness, vertigo, and problems with memory and reasoning. Other symptoms include balance problems, hearing problems, lack of self-control, mood changes, ringing in the ears and problems sleeping.

The problem with TBI from a medical standpoint is diagnosing it. Without the benefit of extensive neurological examinations to look for evidence of a brain injury, service members serving in forward operations are limited to the Military Acute Concussion Evaluation (MACE), a simple question-and-answer exam performed by Corpsmen or medics after an incident.

Treating TBI is nearly as difficult as detecting it, mainly because some service members may not even know they have it. Symptoms can appear months, even years, after an incident and can worsen over time. The worsening condition can lead to substance abuse, severe anxiety, obsessive compulsive disorder, Alzheimer's and suicide. Long-term treatment of TBI can include cognitive rehabilitation therapy, which retrains patients for tasks such as counting, cooking and memory.

I've experienced most of these symptoms and subsequent clinical testing. After moving duty stations shortly after returning from Afghanistan, I was twice medically evacuated to Germany for follow-up testing and cognitive rehabilitation therapy. I have continuing vertigo. Sometimes I forget where I am, if only for a moment.

[← Next post](#) [Previous post →](#)

Navy Medicine tagged this post with: [brain injury](#), [I-E-D](#), [Improvised Explosive Devices](#), [TBI](#), [traumatic brain injury](#) Read 57 articles by [Navy Medicine](#)

Comments are closed

Navy Medicine Video